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FITZPATRICK CELLA HARPER & SCINTO 1290 Avenue of the Americas NEW YORK, NY 10104-3800 Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

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 APPLICATION NO.
 FILING DATE
 FIRST NAMED INVENTOR
 ATTORNEY DOCKET NO.
 CONFIRMATION NO.

 10/606,313
 06/26/2003
 Satoru Wakso
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TITLE OF INVENTION: IMAGING APPARATUS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	DUE	PUBLICATION FEE DUE	PR	PREV. PAID ISSUE FEE		TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1510		\$300		\$0			\$1810	04/05/2010
EXAM	INER	ART UN	Т	CLASS-SUBCLASS	$\neg$					
ZEE, EE	WARD	2435		713-194000						
"Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address"			(1) attorneys (2) a registered registered	printing on the patent front pag the names of up to 3 reg or agents OR, alternatively, the name of a single firm (havined attorney or agent) and the na patent attorneys or agents. If no will be printed.	istere ng as a nnes c	member	1 2 3	FITZP	ATRICK, CELLA, HARP	ER & SCINTO

. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE	(B) RESIDENCE: (CITY and STATE OR COUNTRY)
CANON KABUSHIKI KAISHA	TOKYO, JAPAN

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Plea	se check the appropriate assignee category or categories (will not be	printe	d on the patent): 🔲 Individual 🗓 Corporation or other private group entity 🔲 Government
4a.	The following fee(s) are submitted:  Issue Fee Publication Fee (No small entity discount permitted) Advance Order - # of Copies	4b.	Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)    Payment submitted electronically.   Payment by credit canf. From PTO-2038 is attached.   The Director is hereby authorized to charge any deficiency, or credit any overpayment, to Deposit Account Number (Bel-2025) (crecious an extra copy of this form).
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